

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012517
STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 46 Primary Registration District No. 4065 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Polo</u>		c. CITY OR TOWN <u>Polo</u> 01-70 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <u>John Albert Coulam</u>		4. DATE OF DEATH Month Day Year <u>April 17 1959</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 2-1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <u>73</u> Months <u>10</u> Days <u>15</u> Hours Min.
11a. BIRTHPLACE (City and state or country) <u>Caldwell Co</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>John P Coulam</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Dixon</u>	
14. NAME OF HUSBAND OR WIFE <u>Maude M. Coulam</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>497-12-1687</u>		17. INFORMANT Address <u>Mrs Maude M. Coulam, Polo, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u> DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>many years</u> <u>many years</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>—</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>June 1956</u> to <u>Apr. 17, 1959</u> and last saw him alive on <u>Apr. 16, 1959</u> Death occurred at <u>3:25 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. E. Goldberg M.D.</u>		22b. ADDRESS <u>Braymer, Mo.</u>	
22c. DATE SIGNED <u>4/20/59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Apr. 20-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Prairie Ridge</u>	
23d. LOCATION (City, town, or county) (State) <u>Rockford Twp. Caldwell Co., Mo</u>		24. FUNERAL DIRECTOR ADDRESS <u>Alepaugh & Cowley Polo, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>April 28-59</u>		26. REGISTRAR'S SIGNATURE <u>Gladys Jones</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 10 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Erwin L. Nowels*

Licensed Embalmer No. *4924*
P. O. Address *Polo, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.